

S3164 Pretesting for COVID-19 in Patients Scheduled for Outpatient Endoscopy

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INTRODUCTION:

Various measures have been taken by healthcare to limit spread of SARS-Cov-2 during the re-opening phase of endoscopy. Given the risk of transmission due to aerosol generation during upper endoscopy and surface contamination we decided to pretest patients with the COVID-19 nasopharyngeal swab (NPS) prior to their procedures in our endoscopy unit. We report our results of the pretesting approach.

METHODS:

Patients who were scheduled for endoscopic procedures were instructed to get tested for COVID 19 prior to their procedure so that results would be back by their procedure date. They were also asked to quarantine themselves after the test until their procedure. If positive, the procedure would be cancelled by the physician and rescheduled in 14 days. They were asked additional questions on the day of the procedure and the data was recorded in Excel. The data was analyzed using SPSS version 26.

RESULTS:

A total of 109 patients were scheduled between 5/18/20 and 6/2/20. Mean age was 52 years (SD 13) and 48.6% were male. Forty-nine (45%) out of 109 patients were scheduled for a colonoscopy, 40 (37%) for an esophagogastroduodenoscopy, 17 (15.6%) for a bidirectional endoscopy, 2 (1.8%) for a flexible sigmoidoscopy and 1 (0.9%) for a video capsule endoscopy. Eighty-two (75%) got tested while 27 (25%) patients did not. Four patients (4.9%) tested positive for COVID 19 while the remaining 78 (95.1%) all tested negative. Of those who did not get tested, 41% cancelled or no showed for their procedure. Reasons for patients not getting NPS included, transportation issues (11.1%), previous COVID infection (11.1%) and fear of coming to the hospital during the pandemic (11.1%). Fifty-three (49%) patients quarantined themselves after the test as instructed, and 14 (13%) did not. Quarantine status was unknown for 42 (38%) patients who got tested. One patient out of the 4 who tested positive had previous exposure to COVID. Of those who tested negative, 6 (8%) cancelled their procedure.

CONCLUSION:

Considering the number of patients who complied with pretesting and the number of positive cases we were able to detect, pretesting could be beneficial.

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